WG COPY			SQDRI	N COPY			PERSON	AL COPY:		
CAP MOTOR VEHICLE OPERATOR'S PERMIT APPLICATIONKSWG										
PLEASE PRINT I. PERSONAL INFORMATION PLEASE PRINT										
NAME (Last	, First, MI)					TODAY'S DATE				
				MONTH:		DAY:		YEAR:		
RANK CAPID NUMBER				 ER	NA	ME C	F UNIT		CHARTER NUMBER	
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HEIGHT (IN)) WEIGHT HAIR EYES			SEX		DATE OF BIRTH				
					MONTH:		DAY:		YEAR:	
HOME MAILING ADDRESS (Street, P.O. Bo			l Box)	CIT		STATE		ZIP		
Home in the no hobble of (order, 1.0.1			,ox,	9		OITHE				
	1		II. STA	T .	S'S LICENSE INFORMATION					
STATE OF		LICENSE		CLASS OF DL	MONTH	ı	EXPIRATION DATE		VEAD.	
ISSUE	ISSUE		NUMBER		MONTH:		DAY:		YEAR:	
RESTRICTIONS, IF ANY, AS NOTATED ON STATE DRIVER'S LICENSE:										
Applicant MIICT culturit with this application a convert their Ctate driver's licensel										
Applicant MUST submit, with this application, a copy of their State driver's license!										
III. TYPE OF VEHICLE TO BE OPERATED										
NOTE: CAP member will be permitted to operate CAP vehicles with same classification as allowed by state driver's license. Any exemptions,										
to this policy, will be noted on back of CAP driver's license. IV. APPLICANT'S SIGNATURE										
ı	. the undersia	ned, give the	Kansas Winc				record maint	ained by the S	 State's Division	
I, the undersigned, give the Kansas Wing permission to have access to my driving record maintained by the State's Division of Motor Vehicles. Further, I am aware that this application may be rejected because of my record as maintained by the State.										
DATE SIGNED:										
	MONTH:	DAY:	SIGNATURE:							
			\\	L COMMA	ANDEDIO CEDIU	-10 4	TION			
V. UNIT COMMANDER'S CERTIFICATION I certify that I have witnessed the applicant's driving ability and find him/her fully qualified to operate the class of vehicle requested.										
i cei	uly that i have	e williesseu li	ie applicants	unving ability	and initia miniminer rully	quaiiii	eu lo operale	tile class of	reflicie requesteu.	
DATE: SIGNATURE										
				•						
VI. WING HEADQUARTER'S ACTION										
			¥1.							
ISSUED:				I	OG NUMBER:		DATE ISSUE			
'		_								
REJECTED:				KS			DATE EXPIR			